



To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® (TCA), to give you the time you need to best decide how to use your insurance or annuity proceeds. The TCA is an insurance settlement option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a TCA will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw on your TCA for the entire amount at any time. Information regarding other settlement options available, including a single check, will also be provided.

While your money is in a TCA, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by using a draft (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that you will rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the TCA on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

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MET/CRAWFORD 00764

APP.051

MET/CRAWFORD 00765

APP.052

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides...

INTEREST

- Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual yield guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™ National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- The assets backing your TCA funds are maintained in the general account of MetLife or the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company").
- You may withdraw all or part of your TCA balance immediately or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.
- There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks. As with any check or draft, allow time for processing through your bank.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- If you do not want a TCA, you may request a check for the total benefits by writing "check" beneath your signature on the attached claim form. A check will also be issued to you if required by state law, regulation or direction.
- The obligation of Metropolitan Life Insurance Company (MetLife) or the Issuing Insurance Company to pay the total benefit or proceeds is satisfied by the delivery of your TCA draftbook.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.
- There are no monthly service or transaction charges, and no charge for printing or reordering drafts.

You may be charged a fee for special services or overdrawn TCA. The fee will be withdrawn from your TCA. The current special service fees and overdraft fees are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; wire transfer \$10. In accordance with your TCA Customer Agreement, special service fees or fees for overdrawn TCAs are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.

TCA SERVICES

- MetLife sends you a quarterly statement regarding Account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the Account.
- Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, including interest rates, by calling Customer Service at 1-800-638-7283. Callers with a TDD may call 800-229-3037. You may also write to MetLife, P.O. Box 6100, Scranton, PA 18505-6100, Attn: TCA.

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MET/CRAWFORD 00766

TIME TO DECIDE

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.
- Group policy settlement options include a check, TCA, or a Guaranteed Interest Certificate (GIC). A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.
- If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.

More Useful Information about the Total Control Account...

- Unless the insured pre-selected an alternative settlement option, payment is usually made by a single check for the total proceeds if the proceeds payable are less than \$5,000; the claimant resides in a foreign country; or the claimant is a corporation or similar entity.
- If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.
- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
- MetLife may limit or suspend access to TCA funds in the event of overpayment, suspected fraud or other situations where entitlement to the funds is in question.
- Recordkeeping and Draft clearing services for your TCA are provided by The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, pursuant to an administrative agreement.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. They are not maintained by The Bank of New York Mellon, which provides administrative services, or any bank or other institution. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company.
FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

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MET/CRAWFORD 00767

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MET/CRAWFORD 00769



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form Claimant's Statement

Claim #21412010327

For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name

Middle Name

Last Name

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) Middle Initial Last

Maiden Name (if applicable)

2. Social Security No./TIN

3. Date of Birth

Male

Female

4. Country of Citizenship

5. Day Phone Number

Evening Phone Number

6. Fax Number (optional)

7. Mailing Address - Number, Street, Apt./Box No. (if any)

City

State

Zip

8. Relationship to the deceased - You are the

Spouse Parent

Child Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here

B. Information about the deceased

1. His/Her Name - First

Middle Initial Last

Maiden Name (if applicable)

2. Residence Address - Number, Street, Apt./Box No. (if any)

City

State

Zip

3. Marital Status Single Married Divorced
 Separated Widow/Widower

4. Date of Birth

5. Social Security No.

6. Certified copy of death certificate is attached (or was previously submitted)

not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____

or call 1-800-638-5000 for information.

MET/CRAWFORD 00771

APP.058

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed

► _____

MET/CRAWFORD 00773

APP.060



Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

February 25, 2015

COOPER T BURNETT
10243 CATLETT LN C/O MANDY BURNETT
LA PORTE, TX 77571

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Cooper T Burnett:

We wish to extend our sympathies to you due to your loss. This is a follow up letter to our first correspondence dated January 26, 2015. We still have had no response.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- A Certified Death Certificate for TRACY CRAWFORD, with a raised or colored seal, indicating the cause and/or manner of death.
- Complete the enclosed Claimant's Statement, sign and date the form.

Because the required information is necessary to further review your claim, we may need up to an additional 90 days to complete our determination. If the documentation is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely

Group Life Claims Operations
BGP02

MET/CRAWFORD 00774

APP.061

MET/CRAWFORD 00775

APP.062



To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® (TCA), to give you the time you need to best decide how to use your insurance or annuity proceeds. The TCA is an insurance settlement option, which is a method of paying insurance or annuity benefits in full.

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MET/CRAWFORD 00776

APP.063

MET/CRAWFORD 00777

APP.064

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides...

INTEREST

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IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

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- **You may withdraw all or part of your TCA balance immediately or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.**
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- You can name a beneficiary to receive your TCA balance in case something happens to you.
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MET/CRAWFORD 00778

TIME TO DECIDE

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More Useful Information about the Total Control Account...

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- If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.
- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
- MetLife may limit or suspend access to TCA funds in the event of overpayment, suspected fraud or other situations where entitlement to the funds is in question.
- Recordkeeping and Draft clearing services for your TCA are provided by The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, pursuant to an administrative agreement.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. They are not maintained by The Bank of New York Mellon, which provides administrative services, or any bank or other institution. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company.
FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

L0714382062[exp1215][All States]

MET/CRAWFORD 00779

APP.066

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form Claimant's Statement

Claim #21412010327
For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name _____

Middle Name _____

Last Name _____

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) Middle Initial Last

Maiden Name (if applicable)

2. Social Security No./TIN

3. Date of Birth

Male

Female

4. Country of Citizenship

5. Day Phone Number

Evening Phone Number

6. Fax Number (optional)

7. Mailing Address - Number, Street, Apt./Box No. (if any)

City

State

Zip

8. Relationship to the deceased - You are the

Spouse Parent

Child Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here

B. Information about the deceased

1. His/Her Name - First

Middle Initial Last

Maiden Name (if applicable)

2. Residence Address - Number, Street, Apt./Box No. (if any)

City

State

Zip

3. Marital Status Single Married Divorced
 Separated Widow/Widower

4. Date of Birth

5. Social Security No.

6. Certified copy of death certificate is attached (or was previously submitted)
 not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____

or call 1-800-638-5000 for information.

MET/CRAWFORD 00783

APP.070

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Estate Resolution Service (ERS)

MetLife's group supplemental life insurance programs include MetLife Estate Resolution Services, SM which provides legal assistance (at no cost) to probate the estate of insured participants and their spouses/domestic partners. For more information regarding Estate Resolution Services and how to access the service, please read the enclosed document titled MetLife Estate Resolution Services SM - Assistance in Probating the Estate of the Insured Participant and Spouse/Domestic Partner.

E. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed

► _____



Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

January 26, 2015

COOPER T BURNETT
10243 CATLETT LN C/O MANDY BURNETT
LA PORTE, TX 77571

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Cooper T Burnett:

We are writing in regard to the above-referenced claim for Group Life insurance benefits. Please accept our sincere condolences at this time.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- A Certified Death Certificate for TRACY CRAWFORD, with a raised or colored seal, indicating the cause and/or manner of death.
- Complete the enclosed Claimant's Statement, sign and date the form.

The required information is necessary to further review the claim. If it is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely,

Group Life Claims Operations

Enclosure
BGP01

MET/CRAWFORD 00786

APP.072

MET/CRAWFORD 00787

APP.073



To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® (TCA), to give you the time you need to best decide how to use your insurance or annuity proceeds. The TCA is an insurance settlement option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a TCA will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw on your TCA for the entire amount at any time. Information regarding other settlement options available, including a single check, will also be provided.

While your money is in a TCA, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by using a draft (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that you will rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the TCA on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

L0714382062[exp1215][All States]

MET/CRAWFORD 00788

MET/CRAWFORD 00789

APP.075

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides . . .

INTEREST

- Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual yield guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™ National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- The assets backing your TCA funds are maintained in the general account of MetLife or the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company").
- **You may withdraw all or part of your TCA balance immediately or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.**
- There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks. As with any check or draft, allow time for processing through your bank.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- **If you do not want a TCA, you may request a check for the total benefits by writing "check" beneath your signature on the attached claim form. A check will also be issued to you if required by state law, regulation or direction.**
- The obligation of Metropolitan Life Insurance Company (MetLife) or the Issuing Insurance Company to pay the total benefit or proceeds is satisfied by the delivery of your TCA draftbook.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.
- There are no monthly service or transaction charges, and no charge for printing or reordering drafts.

You may be charged a fee for special services or overdrawn TCA. The fee will be withdrawn from your TCA. The current special service fees and overdraft fees are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; wire transfer \$10. In accordance with your TCA Customer Agreement, special service fees or fees for overdrawn TCAs are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.

TCA SERVICES

- MetLife sends you a quarterly statement regarding Account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the Account.
- Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, including interest rates, by calling Customer Service at 1-800-638-7283. Callers with a TDD may call 800-229-3037. You may also write to MetLife, P.O. Box 6100, Scranton, PA 18505-6100, Attn: TCA.

L0714382062[exp1215][All States]

MET/CRAWFORD 00790

TIME TO DECIDE

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.
- Group policy settlement options include a check, TCA, or a Guaranteed Interest Certificate (GIC). A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.
- If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.

More Useful Information about the Total Control Account...

- Unless the insured pre-selected an alternative settlement option, payment is usually made by a single check for the total proceeds if the proceeds payable are less than \$5,000; the claimant resides in a foreign country; or the claimant is a corporation or similar entity.
- If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.
- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
- MetLife may limit or suspend access to TCA funds in the event of overpayment, suspected fraud or other situations where entitlement to the funds is in question.
- Recordkeeping and Draft clearing services for your TCA are provided by The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, pursuant to an administrative agreement.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. They are not maintained by The Bank of New York Mellon, which provides administrative services, or any bank or other institution. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company.
FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

L0714382062[exp1215][All States]

MET/CRAWFORD 00791

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MET/CRAWFORD 00793

APP.079



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form Claimant's Statement

Claim #21412010327
For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name _____

Middle Name _____

Last Name _____

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) Middle Initial Last

Maiden Name (if applicable)

2. Social Security No./TIN

3. Date of Birth

Male

Female

4. Country of Citizenship

5. Day Phone Number

Evening Phone Number

6. Fax Number (optional)

7. Mailing Address - Number, Street, Apt./Box No. (if any)

City

State

Zip

8. Relationship to the deceased - You are the

Spouse Parent

Child Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here

B. Information about the deceased

1. His/Her Name - First

Middle Initial Last

Maiden Name (if applicable)

2. Residence Address - Number, Street, Apt/Box No. (if any)

City

State

Zip

3. Marital Status Single Married Divorced
 Separated Widow/Widower

4. Date of Birth

5. Social Security No.

6. Certified copy of death certificate is attached (or was previously submitted)
 not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____ or call 1-800-638-5000 for information.

MET/CRAWFORD 00795

APP.081

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a Total Control Account. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Estate Resolution Service (ERS)

MetLife's group supplemental life insurance programs include MetLife Estate Resolution ServicesSM, which provides legal assistance (at no cost) to probate the estate of insured participants and their spouses/domestic partners. For more information regarding Estate Resolution Services and how to access the service, please read the enclosed document titled MetLife Estate Resolution ServicesSM - Assistance In Probating the Estate of the Insured Participant and Spouse/Domestic Partner.

E. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed





Life Claim Request Entered

ID: 40942

[Add Claim](#) | [Assignments](#) | [Tasks](#) | [Notes](#) | [Attachments](#)

General Information

Customer Number 0096675 Customer Name Southwest Airlines
 Market Segment Select One
 Region Select One
 Referral To McGuire, Larry
 Describe Problem See notes

Claim/Waiver Information

Type Life Claims <input checked="" type="checkbox"/>	Claim Team hrs_Oriskeny_GLF_TeamR <input checked="" type="checkbox"/>
Experience Number 0149670	Sub Code 0002
Claim Branch 6007	Report Number 0149670
Also CC Emails To McGuire, Michael <input checked="" type="checkbox"/>	EDM Claim <input type="radio"/> Yes <input checked="" type="radio"/> No
First Request Date 02/20/2015	
Second Request Date	

Claim Details

Total Pending Amount	\$431,000.00	Total Claim Amount	\$431,000.00	Claim Count	1
Claim No.	Insured's Name	Claim Amt	Pending Amount	Coverages	Reason for Request
21412010327	Tracy Crawford	\$431,000.00	\$431,000.00	Basic Life Optional Life	Need Assistance Obtaining Information from Employer

Related Workflows

* The table does not reflect real time data

Process ID	Workflow Type	Product(s)	Details	Effective Date
	Unit Leader Spouse, Annmarie <input checked="" type="checkbox"/>			
	Life Claims Examiner : Brennan, Amy			
	Account Manager : McGuire, Larry <input checked="" type="checkbox"/>			

WorkStage: Life Claim Final Closeout / QA 100% Completed (1/1)

Milestone: Life Claim Final Closeout/QA 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
30512-1	Review & Close the Life Claim Inquiry	Brennan, Amy	Completed	03/17/2015	03/11/2015

WorkStage: Life Claim Request Worked 100% Completed (1/1)

Milestone: Research Life Claim Inquiry 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
26481-1	Research/Document Life Claim Inquiry	McGuire, Larry	Completed	03/11/2015	02/20/2015

Created On	User Name	Notes
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MET/CRAWFORD 00798

Created On	User Name	Notes
03/16/2015 13:36:31	Brown, Rebecca	<p>Hi Larry,</p> <p>I'm following to see if you found out on any communications. Your email below indicated you were checking on any communications that may have been sent.</p> <p>Please advise</p> <p>Thanks Becky</p>
03/11/2015 08:46:31	McGuire, Larry	[PendingTaskClosed] "Pending Task Reason(s) Closed"
03/11/2015 08:46:14	McGuire, Larry	<p>If no bene is on file with MetLife we revert back to the paper files SWA had prior to the electronic process. Below is an excerpt from the 2013 SPD.</p> <p>? Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits. Effective June 15, 2014, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below.</p> <p>? If you have a Committed Partner enrolled in the Plan, You are required to file a paper beneficiary form with the Health & Wellness Team that designates your Committed Partner as the primary beneficiary for at least 50% of your benefits under the Life Insurance Program. If at any time you remove your Committed Partner from coverage under the Plan, you will then be required to go to www.metlife.com/mybenefits to complete an updated beneficiary designation online. You may request a paper form by contacting the Health & Wellness Team.</p>
03/11/2015 07:56:50	Brown, Rebecca	<p>Hi Larry,</p> <p>Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter.</p> <p>I am showing the LCI is in your "My work" and that you opened the task on 3/10/2015 and you made a note in the note tab [Pending Task Reason] Legal</p> <p>Please advise</p> <p>Thanks Becky</p>
03/10/2015 16:08:01	McGuire, Larry	[PendingTaskReason] Legal
03/10/2015 14:12:13	Brown, Rebecca	Hi Larry, please provide a status on the LCI
03/05/2015 09:01:03	Brown, Rebecca	<p>Hi Larry,</p> <p>Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40842</p> <p>We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent.</p> <p>Please advise. As we have an appeal, we need an answer so we can continue with the appeal review</p> <p>Thanks Becky</p>
03/05/2015 08:26:23	Brennan, Amy	Escalating to management as there has been no response.
02/27/2015 14:16:57	Brennan, Amy	Please advise status so we are able to update the file or continue with our review. Thank you
02/26/2015 09:08:01	Brennan, Amy	Need you to contact the Employer to see if the beneficiary designation attached here dated 04/25/2008 naming Cooper Todd Everett great nephew was ever revoked or considered no longer valid after going to online bene's. If so, we need the written communication that was made to the employee RE this including dates etc.

Created On	User Name	Description	Attachment
02/26/2015 10:08:25	Brennan, Amy	Paper bene	https://mpm.metlife.com/bizflowwebmaker/mla_caa400/bizflowEntry.do?21412010327_Crawford_bene.pdf.../bizflow/bizcovesswih/attachopen.jsp?attachid=105248_EWAMR-21412010327_Crawford_be

MET/CRAWFORD 00799

https://mpm.metlife.com/bizflowwebmaker/mla_caa400/bizflowEntry.do

5/19/2016

APP.084



Life Claim Request Entered

ID: 27659

[Add Claim](#) | [Assignments](#) | [Tasks](#) | [Notes](#) | [Attachments](#)

General Information

Customer Number 0096576 Customer Name SOUTHWEST AIRLINES
 Market Segment Select One Admin Code cdt
 Region Select One
 Referral To McGuire, Larry
 Describe Problem please provide the paper beneficiary designation form used to update the system. Please confirm there is no other beneficiary form on file that names the husband Jayson as the primary beneficiary on this claim.

Claim/Waiver Information

Type	Life Death <input checked="" type="checkbox"/>	Claim Team	Ins_Crawford_GIF_TeamA <input checked="" type="checkbox"/>
Experience Number	9149670	Sub Code	0002
Claim Branch	0007	Report Number	9149670
Also CC Emails To	McGuire, Larry <input checked="" type="checkbox"/>	EDM Claim	<input type="radio"/> Yes <input checked="" type="radio"/> No
First Request Date	01/08/2015	Second Request Date	

Claim Details

Total Pending Amount	\$812,000.00	Total Claim Amount	\$812,000.00 <th>Claim Count</th> <td>1</td>	Claim Count	1
Claim No.	Insured's Name	Claim Amount	Pending Amount	Coverages	Reason for Request
21412010327	TRACY CRAWFORD	\$812,000.00	\$812,000.00	Basic Life Optional Life Voluntary AD and D	Need Assistance Obtaining Information from Employer

Related Workflows

* The table does not reflect real time data

Process ID	Workflow Type	Product(s)	Details	Effective Date
	Unit Leader Spavers, Ambarasario <input checked="" type="checkbox"/>			
	Life Claims Examiner Bronson, Eileen			
	Account Manager McGuire, Larry <input checked="" type="checkbox"/>			

WorkStage: Life Claim Final Closeout / QA 100% Completed (1/1)

Milestone: Life Claim Final Closeout/QA 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
21704-1	Review & Close the Life Claim Inquiry	Bronson, Eileen	Completed	01/28/2015	01/28/2015

WorkStage: Life Claim Request Worked 100% Completed (1/1)

Milestone: Research Life Claim Inquiry 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
21681-1	Research/Document Life Claim Inquiry	McGuire, Larry	Completed	01/28/2015	01/28/2015

Created On	User Name	Notes
01/28/2015 10:33:38	McGuire, Larry	Per SWA they have provided the only form they have on file, it does not show the husband as bene.
01/15/2015 09:36:42	Bronson, Eileen	sent to d1 spavers for assistance
01/13/2015 12:45:30	Bronson, Eileen	Larry, do you have a status on this request yet?

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Created On	User Name	Notes	
07/08/2015 07:55:15	Bronson, Eileen	please provide the paper beneficiary designation form used to update the system. Please confirm there is no other beneficiary form on file that names the husband Jayson as the primary beneficiary on this claim.	
Created On	User Name	Description	Attachment
No Data Found			

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Claim Payment Overview List

END OF PAYMENTS LIST						
Insured Name:	TRACY CRAWFORD	Claim Number:	21412010327	Customer Name:	SOUTHWEST AIRLINES	Dependent Name:
Insured SSN:	455139959	Team Code:	A			
Employee ID:	00455139959					
M&A Number:						
Special Handling Required? :	YES	Feed From:	MetLife			
Claim Status:	CLOSED					
Coverage	Benefit Amount	Status	Amount Paid	Interest Amount	Paid Date	Balance
Basic Life - S011	\$50,000.00	A	\$50,000.00	\$12.33	04/10/2015	\$0.00
Optional Employee Life-9111	\$381,000.00	A	\$381,000.00	\$93.95	04/10/2015	\$0.00
Basic Life - 9011	\$50,000.00	C	\$50,000.00	\$24.66	04/28/2015	\$0.00
Optional Employee Life-9111	\$381,000.00	C	\$381,000.00	\$187.89	04/28/2015	\$0.00
Payee Name	Payment Amount	Status	Benefit Amount	Interest Amount	Payment Method	Paid Date
COOPER T	\$431,106.28	P	\$431,000.00	\$106.28	Total Control Account	04/10/2015
BURNETT						DANIEL BEN
COOPER T	\$50,012.33	C	\$50,000.00	\$12.33	Total Control Account	04/28/2015
BURNETT						David Indoff
COOPER T	\$381,003.95	C	\$381,000.00	\$93.95	Total Control Account	04/28/2015
BURNETT						David Indoff
COOPER T	\$431,212.55	P	\$431,000.00	\$212.55	Check	04/28/2015
BURNETT						DANIEL CONNORS OTH

Claim Comments List

*# TO VIEW MORE DATA - SELECT MORE**

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Claim Comments List

** TO VIEW MORE DATA SELECT MORE**

Insured Name:	TRACY CRAWFORD		
Insured SSM:	485139869		
Employee ID:	00455139959		
M&A Number:			
Special Handling Required?	YES		
Claim Number:	21412010327		
Activity Date:	06/25/2016		
Sequence Number:	2		
Claim Alert [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW]			
Complex Claim	② Yes	① No	Divorce (final) (CRY)
Activity Date	Activity	Created By	Call-Up Claim Action Date
<input type="checkbox"/> 07/31/2016	Letter Sent	BRONSON, EILEEN M.	No Action to atty exhausted appeal process
<input type="checkbox"/> 07/30/2015	Returned to Claim Examiner	O'Dell, MARIE A.	Send Letter LETTER TO EILEEN FOR MAILING. Low
<p>APPEALS DISCUSSION: Send response letter to atty that the policy would be same doc as SPD for group life insurance. Also advise that the SPD is a summary that the employees rely upon regarding changes to their benefits so based on the language in the SPD it only states that paper forms will not be accepted effective 6/15/13 but does not direct the employees to complete a new form if they have a paper designation on file. Also advise appeal rights exhausted.</p>			
<input type="checkbox"/> 07/27/2015	Mail Received	FLEMING, KAY D.	No Action archived dupes
<input type="checkbox"/> 07/27/2015	Mail Received	FLEMING, KAY D.	No Action Further request rec'd from Clayton Rawlings --
<input type="checkbox"/> 07/24/2015	Informational	O'Dell, MARIE A.	Further Review UNDER REVIEW Needed
<input type="checkbox"/> 07/23/2015	Referral to Senior	BRONSON, EILEEN M.	Senior Review to see if a rush to review letter from attorney
<input type="checkbox"/> 07/21/2015	Mail Received	Longo, Jason	No Action 7/20/2015 attorney letter to team for handling
<input type="checkbox"/> 06/30/2015	In coming call on a	HART,	No ADVISED WE RECD THEIR REQUEST AND CLAIM FILE HAS BEEN SENT. CAN REVIEW
			ANDREW Attorney 713- 520- Status Claim 03

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claim	KRISTINA	Action	AND REACH OUT IF ANY FURTHER QUESTIONS.	7701	Other
<input type="checkbox"/> 06/30/2015 Letter Sent	Borelli, Andrew	No Action	LETTER & CLAIM FILE SENT TO ATTY RAWLINGS, RIVAL CLAIMANT HAS EXHAUSTED APPEAL RIGHTS.	02	
<input type="checkbox"/> 06/30/2015	Borelli, Andrew	No Action		01	
<input type="checkbox"/> 06/26/2015	BRONSON, EILEEN M.	No Action		02	
<input type="checkbox"/> 06/26/2015 Referral to Senior Reviewer	BRONSON, EILEEN M.	Senior Review file	letter to sr for review with copy of redacted claim Low	01	06/30/2015 Borelli, Andrew

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Claim Comments List

** TO VIEW MORE DATA - SELECT MORE **											
Insured Name:		TRACY CRAWFORD		Claim Number:		21412010327					
Insured SSN:		465139958		Customer Name:		SOUTHWEST AIRLINES					
Employee ID:		00455139969		Dependent Name:							
M&A Number:				Team Code:		A					
Special Handling Required?: YES											
Claim Number:		21412010327		Activity Date:		04/27/2015					
Claim Alert:		JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW		Sequence Number:		11					
Complex Claim:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Divorce (Inv) (CR)		REMITTED					
Activity Date	Activity	Created By	Call-Up Action	Call-Up Date	Comments_Review	Pty Name	Contact Phone	Call Type	Assoc To Claim	Seq Nbr	Closed By
<p>Prepare the entire claim file in preparation for providing it to Mr. Rawlings. Redact the information about the designated beneficiary in the appropriate places and remove the redactions from Diversified Imaging once the prep is completed. Prep should include claim file from EDM, BIOS comments, MailLINK or File Feed as applicable, Payment History and Payment Overview (with information about bank redacted, except for the name) and Calligo fatters (if any). Then, draft a response letter to Mr. Rawlings to accompany the claim file. Use our uphold template, but, we're not sending a new uphold. Basically: (1) Advise Mr. Rawlings where and how to obtain current SPD from Plan Administrator (address appears below); (2) Explain we are providing him with the entire claim file in our possession; (3) Briefly, recap each of the points from our uphold letter, explaining that (a) Plan is ERISA regulated, and MetLife's responsibility is to the designated beneficiary; (b) why decision remains unchanged, as explained in our previous letter, and must be upheld. Plan administrator for SPD can be reached at: Southwest Airlines Co. Board of Trustees c/o O. Box 306111, HQ-Q-6EB Dallas, TX 75226 (214) 792-4000</p> <p>REVIEWED TODAY IN APPEAL SESSION, DECISION - DECISION REMAINS UPHELD, APPEALS EXHAUSTED. PROVIDE CLAIM FILE TO ATTY AND RECAP REASONS FOR UPHOLD.</p>											
<input type="checkbox"/>	05/25/2015	Returned to Claim Examiner	Borelli, Andrew		Further Review Needed from Plan Administrator	SPD Low				02	05/26/2015 BIRONSON, EILEEN M.
<input type="checkbox"/>	06/25/2015	Appeal Received	Borelli, Andrew		No Action					01	

<input type="checkbox"/> 06/24/2015	Mail Received	FLEMING, KAY D. Longo, Jason	No Action	No archived another dupe copy of appeal letter	02
<input type="checkbox"/> 06/24/2015	Mail Received	Borelli, Andrew	No Action	No duplicate appeal received from attorney, sending to archive	01
<input type="checkbox"/> 06/23/2015	Appeal Received		Further Review Needed	HOLDING FOR APPEALS.	01 06/25/2015 Borelli, Andrew
<input type="checkbox"/> 06/22/2015	Appeal Received	BRONSON, EILEEN M.	Senior Review	Low to review appeal from new atty	02 06/23/2015 Borelli, Andrew
<input type="checkbox"/> 06/22/2015	In coming call on a claim	FLEMING, KAY D.	No Action	Claim has been paid and a new atty is now appealing the denial, advised to rush refer as appeal.	01
<input type="checkbox"/> 06/19/2015	Mail Received	FLEMING, KAY D.	No Action	6/18 Recd another appeal from atty Clayton Rawlings on behalf of the spouse. Sent to team for review and handling.	01
<input type="checkbox"/> 06/30/2015	In coming call on a claim	Wilson, Kendall	No Action	ADVISED TCA REVERAL COMPLETE AND REISSUED AS CHECK SENT OUT ON 4/28	01
<input type="checkbox"/> 06/29/2015	Returned Mail Undeliverable	Popper, Ryan	Verify Address	04/28/2015- RECD RTS STATEMENT OF CLAIM, FWD TO EXAMINERS	01 04/29/2015 BRONSON, EILEEN M.
<input type="checkbox"/> 04/27/2015	Informational	KELSEY, WILLIAM R.	No Action	Low Passed by qai	14
<input type="checkbox"/> 04/27/2015		KELSEY, WILLIAM R.	No Action		13
<input type="checkbox"/> 04/27/2015	Payment Approved	CONNORS, DANIEL	No Action		12

Claim Comments List

* TO VIEW MORE DATA - SELECT MORE+.

Insured Name:	TRACY CRAWFORD		
Insured SSN:	4681389859		
Employee ID:	00446138959		
M&A Number:			
Special Handling Required?: YES			
Claim Number:	21412010327		
Activity Date: <u>04/23/2016</u>			
Sequence Number: <u>1</u>			
<p>Claim Alert <u>JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW</u></p> <p>Complex Claim <input checked="" type="radio"/> Yes <input type="radio"/> No <u>Divorce final (CR)</u> <input checked="" type="checkbox"/> Refresh!</p>			
Activity Date	Activity	Created By	Call-Up Action
<input type="checkbox"/> 04/27/2015	OFAC Checked	SYSTEM	No Action
<input type="checkbox"/> 04/27/2015	OFAC Checked	SYSTEM	No Action
<input type="checkbox"/> 04/27/2015	Selected For Assurance	CONNORS, DANIEL	No Action
<input type="checkbox"/> 04/27/2015	OFAC Checking	CONNORS, DANIEL	No Action
<input type="checkbox"/> 04/27/2015	OFAC Checking	CONNORS, DANIEL	No Action
<input type="checkbox"/> 04/27/2015	Payment sent for Indoll, Countersignature Devi	BRONSON, EILEEN M.	Potential to ui cosign3
<input type="checkbox"/> 04/27/2015	Payment sent for Countersignature Eileen M.	BRONSON, EILEEN M.	Senior to strasrush to cosign over my limit
<input type="checkbox"/> 04/27/2015	Informational	Indoll,	No per claim no match
<input type="checkbox"/> 04/27/2015	Returned to Indoll.	Indoll,	Tca reversal complete, please reissue payment via check to conservator in accordance with divorce decree.
<input type="checkbox"/> 04/27/2015	Claim Examiner	Indoll,	credit reissued for bill and all in full amt
<input type="checkbox"/> 04/27/2015	Credit Reissued	Indoll,	Tca has been reversed
<input type="checkbox"/> 04/27/2015	Email Received	David	ASKED IF WE RCVD GUARDIANSHIP DOCS AND STATUS.
<input type="checkbox"/> 04/24/2015	In coming call on Spallman, Dennis	No Action	PER EXAMINER, ADV YES WE HAVE DOCS AND WE ARE IN THE TCA REVERSAL PROCESS SO WE CAN ISSUE A CHECK FOR HER TO CASH. CALLER UNDERSTOOD AND WILL CALL BACK NEXT WEEK FOR FURTHER UPDATES.
<input type="checkbox"/> 04/24/2015	Informational	Butler, Richard	adv we are in process to complete the accounting to repay the minor bene via check w/the conserv docs wa rec but it has not been completed yet
			Reviewer
			Status - #348 Documents Received
			MANDY Guardian
			713-247-02
			Claim Received

Claim Comments List

Special Handling Required? YES											
Claim Number: 21412010327		Activity Date: 04/15/2015		Sequence Number: []							
CLAIM ALERT JAYSON CRAWFORD IS BEING REPRESENTED BY ATY PLEASE SEE PAGE 02.HOTVIEW											
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Divorce (final) (CR)		<input type="checkbox"/> Refresh									
Activity Date	Activity	Created By	Call-Up Date	Action	Comments_Review	Pty Name	Contact Phone	Contact Type	Assoc To Claim	Sq Data Nbr	Closed
Complex Claim	Claim	Created By	Call-Up Date	Action	Comments_Review	Pty Name	Contact Phone	Contact Type	Assoc To Claim	Sq Data Nbr	Closed
<input type="checkbox"/>	04/23/2015	E-mail	Indoff, David	Follow Up email	2nd request to Ica, for tca reversal	Low			Status - Under Review	01	04/27/2015 Indoff, David
<input type="checkbox"/>	04/22/2015	coming	Zabelickly, Kristy	No Action	ADVISED THAT WE ARE JUST WAITING FOR THE REVERSAL, TO BE DONE	MANDY	Family member		Under Claim 01	01	04/23/2016 Indoff, David
<input type="checkbox"/>	04/20/2015	call on a claim	Indoff, David	Follow Up email	ica reversal and journal to Ica- awaiting confirmation of reversal to complete credit reissue.	LOW				01	04/23/2016 Indoff, David
<input type="checkbox"/>	04/17/2015	Journal Forms	BRONSON, EILEEN M.	Senior Review	to sr as rush to review tca reversal docs	LOW				03	04/20/2016 Indoff, David
<input type="checkbox"/>	04/17/2015	Letter Sent	BRONSON, EILEEN M.	No Action	to attorney with copy of bene form					02	
<input type="checkbox"/>	04/17/2015	Out Going Call	BRONSON, EILEEN M.	No Action	called to get account number and amt confirmed amt is 431106.28 and the account number is 464816986	JOANNE TCA Unit	ON FILE	Inquiry on Documentation	Claim 01		
<input type="checkbox"/>	04/16/2015	coming	Murikka, Kathleen	No Action	ADVISED STILL UNDER REVIEW	MANDY	Guardian	Status " Payment	Claim 03		
TO EILEEN: Agree to send letter to the attorney for the denied party along with a copy of the beneficiary designation requested. As for the conservatorship written into the divorce decree, this is acceptable to issue payment to the further conservator. Furthermore the notation statement from Chad the father stating that Mandy the mother is to act as the legal agent for this claim is also acceptable to issue payment directly to her as sole conservator. Since these documents were on file prior to payment and are not specific conservatorship papers we need to										Low	
Returned Longo, Jason Examiner										04/16/2015	04/17/2015 EILEEN M.

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complete a TCA reversal for the minor on deposit account and re pay via check. Payment wording is cooper Todd Burnett a. author, Mandy Burnett conservator. Refer the TCA journal form and reversal form to the seniors. Once TCA is reversed we can re issue payment.

Discussed Divorce decree that has conservatorship for the minor child Cooper written into it. Advice given was that the conservatorship in the divorce decree is specific in stating both child and Mandy are appointed joint managing conservators. This would be acceptable to release payment directly to the conservator also the notarized statement from the father Chad allowing Mandy to act as the legal agent for purposes of this benefit is also acceptable and payment can be made to with her as the sole conservator.

<input type="checkbox"/> 04/16/2016	Out Going Call- Legal	Longo, Jason	No Action	LOWELL KASS	Law department	8886617091	Inquiry on Documentation	Claim 01
<input type="checkbox"/> 04/15/2016	Referral	BRONSON, EILEEN M.	Senior Review	Low	06 04/16/2016 Longo, Jason			
	In	O'Dell, MARIE A.	No Action	EILEEN BRONSON	Examiner	7132478348 Other	Internal MetLife Call	Claim 04
	<input type="checkbox"/> 04/15/2016	coming call on a claim	Cleveland, Kathleen	No Action	MANDY	Family member	Information provided	Claim 02
	<input type="checkbox"/> 04/15/2016	coming call on a claim	Mender, Beverly	No Action	MANDY	Guardian		

Claim Comments List

Claim Comments List										
** TO VIEW MORE DATA - SELECT MORE **										
Insured Name: TRACY CRAWFORD Insured SSN: 465138959 Employee ID: 00465139908 M&A Number:										
Claim Alert [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW]										
Complex Claim <input checked="" type="radio"/> Yes <input type="radio"/> No										
Claim Number: 2141010327 Activity Date: [04/01/2016] Sequence Number: [5]										
Claim Alert [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW]										
Complex Claim <input checked="" type="radio"/> Yes <input type="radio"/> No										
Call- Up Action Date										
Activity Date	Activity	Created By	Claim_Gmt	Contact_History_Review	Pty	Contact Name	Relationship	Contact Phone	Call Type	Assoc To Claim
04/15/2015	Mail Received	O'Dell, Marie A.	No Action	4/14 - ATTY REQUESTING BENE DESIGNATION SENT TO TEAM FOR HANDLING AS ATTY HAS RECEIVED DENIAL.					Seq Date Nbr Closed	Closed By
04/14/2015	Informational Mail	BRONSON, EILEEN M.	No Action	rec'd duplicate of the letter from attorney did not receive						01
04/14/2016	Mail Received	COPPERWHEAT, TIM D.	No Action	4/13- atty, stating no estate, won't as spouse Jayson should receive.						02
04/10/2015	In coming call on a claim	Cave, Sarah	No Action	MOTHER OF COOPER, ADV PAYMENT WAS APPROVED		MANDY	Guardian		Status - Payment	Claim 03
04/10/2015	Letter Sent	Borelli, Andrew	No Action	LETTER SENT TO ATTY WITH COPIES OF DENIAL, UPHOLD, AND UNSIGNED LETTER OF 2/6 REC'D IN OUR OFFICE.						02
04/10/2015	Informational Mail	BRONSON, EILEEN M.	No Action	called attorney to request re-referral go to attorney as attorney is insisting to speak with him						01
04/08/2015	Claim alert	Swanson, Colleen	No Action	JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW						12
04/08/2016	In coming call on a claim		No Action	calling for status - advised per file he is being represented by attorney cannot discuss this claim with him would have to refer to attorney office		JAYSON	Spouse		Request for Documentation	Claim 11
				CALLING TO SPEAK TO ATTY COOPERWHEAT IN REGARDS TO UPHOLD DENIAL LETTER DATED 3/23/2016 HE CLAIMS HE NEVER RECEIVED THE LETTER AND WE FACED TO HIM TODAY. I ADVISED INFORMATION THAT IF HE IS IN DISAGREEMENT TO LETTER Received HE COULD SEND HIS CONCERN'S TO US IN WRITING. HE INDICATED THAT HE WILL NOT SEND IN WRITING AND THAT PER LETTER HE CAN CONTACT OUR OFFICE AND WE WILL ANSWER US DIRECTLY. HE WANTS TO SPEAK TO TIM COOPERWHEAT DIRECTLY IN REGARDS TO THE LETTER SIGNED BY EXAMINER SENT TO						
						HIGH MICHAEL YOUNG	Attorney	8038929133 Other	Claim 10	04/10/2016 BRONSON, EILEEN M.

<input type="checkbox"/> <u>04/09/2015</u>	In coming call on a claim	Nelson, Alana	No Action	MICHAEL, Attorney	Status - Other	Claim 09
					Inquiry on Documentation	Claim 08
<input type="checkbox"/> <u>04/09/2015</u>	In coming call on a claim	Nelson, Alana	No Action	JASON Spouse		
<input type="checkbox"/> <u>04/09/2015</u>	Informational	Kuhn, Marie	No Action		07	
<input type="checkbox"/> <u>04/09/2015</u>		Kuhn, Marie	No Action		08	

HIM. HE DOESNT WANT TO SPEAK TO ANYONE ELSE ON THIS MATTER. ADVISED WILL SENT FOR A CALL BACK
 he wants a copy of the uphold denial letter. He said he didn't receive, taking copy to 90386245302
 advised we requested estate papers in error. apologized, advised denial was upheld. He asked if his attorney can request the information on the beneficiary advised he can send his concerns in writing but usually we cannot give out that information.
 passed by QA

Claim Comments List

TO VIEW MORE DATA - SELECT MORE

Insured Name:	TRACY CRAWFORD	Claim Number:	21412010327
Insured SSN:	455139968	Customer Name:	SOUTHWEST AIRLINES
Employee ID:	00466139859	Dependent Name:	
M&A Number:		Team Code:	A
Special Handling Required? : YES			
Claim Number:	21412010327	Activity Date:	04/07/2015
Claim Alert [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOWVIEW]			
Complex Claim	<input checked="" type="radio"/> Yes <input type="radio"/> No	Divorce (Final) (CR)	<input checked="" type="checkbox"/> Breakin
Activity Date	Activity	Created By	Call-Up Up Action Date
<input type="checkbox"/> 04/09/2015 Payment Approved	CONNORS, DANIEL	No Action	Contact Call Assoc To Seq Date Nbr Closed Closed By
<input type="checkbox"/> 04/09/2015 OFAC Checked	SYSTEM	No Action	COOPER T. BURNETT Beneficiary 04
<input type="checkbox"/> 04/09/2015 Selected For Quality Assurance	CONNORS, DANIEL	No Action	Claim 21412010327 frozen for Customer QA review CLAIM 03
<input type="checkbox"/> 04/09/2015 OFAC Checking	CONNORS, DANIEL	No Action	COOPER T. BURNETT Beneficiary 02
<input type="checkbox"/> 04/08/2015 Referral to Senior	BRONSON, EILEEN M.	Senior Review	to review the letter to attorney no coverage for his client Low 4/7 - RECD LETTER FROM ATT YOUNG ADVISING THAT THERE'S NO ESTATE PROCEEDING ATTY AGAIN REQUESTING PROCEEDS PAID TO HIS CLIENT. SENT TO TEAM DRAFT AND REFER RESPONSE LETTER. REITERATE TO ATTY THAT HIS CLIENT'S CLAIM WAS ALREADY DENIED AND UPHELD. GIVE DATES OF THE LETTERS. AND AS A COURTESY INCLUDE A NEW COPY OF THE UPHOLD LETTER WITH THE REFERRAL RESPONSE. APOLOGIZE FOR ANY CONFUSION ABOUT THE QUESTION OF THE ESTATE (AS WE CALLED MR. YOUNG'S OFFICE TO ASK ABOUT IT AT DIRECTION OF SENIOR EXAMINER).
<input type="checkbox"/> 04/08/2015 Mail Received	Borelli, Andrew	No Action	01 04/10/2015 Borelli, Andrew
<input type="checkbox"/> 04/08/2015 Payment sent for Countersignature	Munde, Melissa	Process Payment	Low 01 04/09/2015 CONNORS, Daniel
<input type="checkbox"/> 04/07/2015 Payment sent for Countersignature	BRENNAN, AMY L.	Further Review	Low 10 04/08/2015 Munde, Melissa
<input type="checkbox"/> 04/07/2015 Grandfather /PO/Officer checked	BRENNAN, AMY L.	No Action	No 09

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<input type="checkbox"/> 04/07/2015	Internet Search Completed	BRENNAN, AMY L.	No Action	txas- no match-201506-0106903	08
<input type="checkbox"/> 04/07/2015	Email Received	BRENNAN, AMY L.	No Action	FROM ADMIN LARRY ADVISES THAT ER DOES NOT HAVE DLW -HE CONFIRMS THAT SHE MET THE AAW REQUIREMENTS AT THE TIME OF HER DEATH	07
<input type="checkbox"/> 04/07/2015	E-mail sent on a claim	BRENNAN, AMY L.	Further Review Needed	TO ADMIN LARRY MC GUIRE TO VERIFY THE DLW AS FE WAS INPATIENT ON DC LOW AND DLW SHOWS DAY BEFORE DEATH I discussed this claim with UL Patti Casey today. We do not need to send a separate denial for the Estate. Apparently no Estate exists at this time, and as we didn't know who the letter of 2/6/2015 came from, we encompassed our denial of Jayson Crawford's claim as well as the Estate's claim in our High	06 04/07/2015 BRENNAN, AMY L..
<input type="checkbox"/> 04/07/2015	Returned to Claim Examiner	Borelli, Andrew	Further Review Needed	review of the claim for payment if we have everything else we need, and if Jayson Crawford files an Estate claim we can address with him via his attorney at that time. Thank you.	06 04/07/2015 BRENNAN, AMY L..

Claim Comments List

* TO VIEW MORE DATA - SELECT MORE

Insured Name:	TRACY CRAWFORD			Claim Number:	21412010327		
Insured SSN:	4551383659			Customer Name:	SOUTHWEST AIRLINES		
Employee ID:	00466139969			Dependent Name:			
M&A Number:				Team Code:	A		
Special Handling Required? YES							
Claim Number:	21412010327			Activity Date:	03/30/2015		
Claim Alert [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 02.HOTVIEW]							
Complex Claim	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No	Divorce (ivb) (CR)	<input checked="" type="checkbox"/> RATED	
Activity Date	Activity	Created By	CallUp Action	Claim_Contact_History_Comments_Review	Pty Name	Contact Relationship	Phone
04/07/2015	In coming call on a claim	Murphy, Kathleen	No Action	ADVISED THAT WE NEED ESTATE PAPERS HE WILL BE OBTAINING THEM FROM COURT AND WILL FAX IN AS SOON AS HE RECEIVES IT	JAYSON	Spouse	Information provided
04/07/2015	In coming call on a claim	Byrne, Zachary	No Action	REITERATED SAME THING IN HER LAST CALL. STTD SHE JUST WANTED TO CLARIFY. INFO RECVD DURING APPEAL PERIOD. CLAIM CURR UNDER REVIEW. SHE UNDERSTOOD.	MANDY	Guardian	7132479348 Status - Period
04/07/2015	Informational	BRONSON, ELLEN M.	No Action	per discussion with andrew he will be handling this today. Image on call up to amy's queue			Claim 03
04/07/2015	Informational	Borelli, Andrew	Further Review Needed	FURTHER REVIEW NEEDED FOR LETTER, Low			02
CHECKING ON STATUS ADV CALLER PER EXAMINER PER INFO WE HAVE RCVD DURING APPEAL PERIOD THAT THERE POTENTIALLY MAY BE ANOTHER DENIAL PERIOD. ADV THAT THIS IS STILL IN REVIEW AT THIS TIME AND CANNOT CONFIRM FOR CERTAIN THAT WILL OCCUR, HOWEVER WE MAY HAVE MORE INFO WITHIN A FEW MORE BUSINESS DAYS PER CALLUP. CALLER UNDERSTOOD.							
04/08/2015	In coming call on a claim	Clarey-Turner, Amy	No Action	We received appeal response and appears another denial letter is being drafted	AMY	Reviewer	01
04/08/2015	Informational	Mays, Rebecca	No Action	TO SENIOR TO REVIEW DRAFTED INITIAL DENIAL LETTER FOR CLAIM MADE BY ATTORNEY J MICHAEL YOUNG'S CLIENT JAYSON ON BEHALF OF THE ESTATE ASKED IF HE IS AWARE OF WHO IS NAMED AS ESTATE REP. HE STATES THERE MAY BE A PROBATE PENDING BUT HE IS NOT			02
04/02/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed	Low			04/07/2015 Borelli, Andrew

<input type="checkbox"/> 04/02/2015	Out Going Call	BRENNAN, AMY L.	No Action	J MICHAEL YOUNG Attorney	9038920133	Information Claim provided	01
AWARE OF WHO ESTATE REP WOULD BE AND COULD LET US KNOW IF HE FINDS OUT. I ADVISED HIM THAT WE RECEIVED AN UNSIGNED LETTER FAXED 02/04/2015 THAT IS MAKING A CLAIM BY THE ESTATE AND HE STATES THAT IT MAY HAVE BEEN HIS CLIENT PRIOR TO HIM BEING RETAINED. ASKED IF IT IS OK FOR US TO ADDRESS THIS CLAIM TO HIM HE SAID YES THAT IS OK.							
<input type="checkbox"/> 03/31/2015	Letter Sent	BRENNAN, AMY L.	Follow Up Letter	Request for missing documents from JAYSON CRAWFORD Estate Papers Initiated	Low		01 04/02/2015 BRENNAN, AMY L.
<input type="checkbox"/> 03/30/2015	Letter Sent	SYSTEM	No Action	BGP01 letter sent to JAYSON CRAWFORD LETTER SENT TO:1144 4TH STREET GALVESTON TX US 77550		Beneficiary 05	
<input type="checkbox"/> 03/30/2015	Informational	BRENNAN, AMY L.	Further Review	CALL UP FOR PHONE CALL	Low		04 04/02/2015 BRENNAN, AMY L.
<input type="checkbox"/> 03/30/2015	Out Going Call	BRENNAN, AMY L.	Action Needed	LEFT MESSAGE IN REGARD TO CLAIM MADE BY ESTATE ON PAGE 30- NEED TO FIND OUT WHO WROTE THIS LETTER AND OBTAIN THE ESTATE PAPERS TO ADDRESS THE CLAIM MADE BY ESTATE PROPERLY	JAYSON? Spouse	2819018338 Information Claim provided	02 03

Claim Comments List

Claim Details										
<input type="checkbox"/> # TO VIEW MORE DATA - SELECT MORE#		Insured Name: TRACY CRAWFORD Insured SSN: 465139913 Employee ID: 00465139955 M&A Number:								
		Claim Number: [21412010327] Customer Name: SOUTHWEST AIRLINES Dependent Name: Team Code: A								
		Special Handling Required?: YES Activity Date: [03/20/2015] Sequence Number: [2]								
		Claim Alert: [JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOWVIEW]								
		Complex Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No Divorce (If Ad) (CR) <input checked="" type="checkbox"/> Refused								
Activity Date	Activity	Created By	Call-Up Action	Claim_Contact_History_Comments_Review	Pty Name	Contact Phone	Relationship	Contact Type	Assoc Seq Date To claim Nbr Closed	Closed By
<input type="checkbox"/> 03/30/2015	Letter Sent	BRENNAN, AMY L.	No Action	PEND LETTER TO ATTORNEY DENNIS STATE WHO REPRESENTS MANDY MACE ON BEHALF OF COOPER BURNETT					01	
<input type="checkbox"/> 03/26/2015	In coming call on a claim	Murinka, Kathleen	No Action	MOTHER OF MINOR ADVISED PERIOD EXPIRED AND UNDER REVIEW	MANDY	Family member				
<p>The attorney's (Young) initial letter of January 18 (pages 6, 7) don't refer to the Estate. Young was representing Crawford in that letter. Our denial (27, 28) was strictly in relation to Young's representation of Crawford. The fax that came in on 2/6/2015 (pages 29, 30, 31) does not appear to come from Young's office. The tone is certainly not unlike an attorney's letter, but the address doesn't match Young's. The letter is unsigned and the sender unidentified. I ran the address online, and this appears to be a private home where the insured lived; possibly, the letter is from the spouse. Young's appeal letter (pages, 35, 36, 37) again demands payment to Jayson Crawford. The Estate is not mentioned. Our uphold letter to Young of March 23rd (pages 87, 88) indicate to Young that his clients are Jayson Crawford and the Estate of Tracy Crawford, but as far as I can see we do not have any Estate papers, and we do not know who if anyone is representing the Estate. Please find out from Young's office if his client is the representative of the Estate; if he is, request a copy of the letters of representation. If the spouse sent the letter of 2/5/2015 and doesn't represent the Estate, he cannot pursue a claim on the Estate's behalf, regardless of whether the Estate is payable or not, which it is not. In the meantime, please send a pending letter to Dennis State,</p>										
<input type="checkbox"/> 03/26/2015 Returned to Claim Examiner Borelli, Andrew Further Review Needed										High 01 03/30/2015 GREENAN, AMY L.

who represents the minor beneficiary's guardian, as payment otherwise could have been made when the uphold was sent.

PARENT OF MINOR BENIE COOPER, CHECKING STATUS OF PAYMENT ADVISED WHEN PAID WOULD BE IN MINOR ON DEPOSIT ACCT. AT WHICH TIME SHE INDICATED SHE WAS TOLD PAYMENT COULD BE MADE NOW VS WHEN COOPER TURNS 18. REVIEWED FILE AND ON PAGE 48 ADN 47 IN HOTVIEW-CONSERVATORSHIP PROVISION OF DIVORCE DECREE PER SR QUALIFIES FOR NON BLOCKED ACCT. EXPLAINED CLAIM STILL IN REVIEW AT THIS TIME

<input type="checkbox"/> 03/25/2015 In coming call on Marbie, James	No Action	MANDY Niece	7132478348 Under Review	Status - Claim 01
<input type="checkbox"/> 03/24/2015 Referral to Senior	BRENNAN, AMY L.	Further Review Needed	06 03/26/2015 Recall, Andrew	
<input type="checkbox"/> 03/24/2015 Returned to Claim Examiner	Incoffit, David	Further Review Needed	05 03/24/2015 BRENNAN, AMY L.	
<input type="checkbox"/> 03/24/2015 Payment sent for BRONSON, EILEEN M.	BRONSON, EILEEN M.	Potential Payment	04 03/24/2015 BRENNAN, AMY L.	
<input type="checkbox"/> 03/24/2015 CounterSignature	Cardinale, Craig	No Action	03	
<input type="checkbox"/> 03/24/2015 Informational	Zangrilli, Ray	RECEIVED CR FOR COOPER & DIC FOR TRACY ON 03/23/2015	02 03/24/2016 BRONSON, EILEEN M.	
<input type="checkbox"/> 03/24/2015 Mail Received	BRENNAN, AMY L.	No Action	01	
<input type="checkbox"/> 03/24/2015 Mail Received	BRENNAN, AMY L.	3/23 DIC AND CLAIM FORM TO REVIEWERS		
<input type="checkbox"/> 03/24/2015 Informational	COPPERWHEAT, TIM D.	No Action		
<input type="checkbox"/> 03/23/2015 Claim alert removed		CS IS STILL NEEDED FOR NAMED BENIE COOPER		
<input type="checkbox"/> 03/23/2015 Letter sent - Denial		No Action	03	
<input type="checkbox"/> 03/23/2015 Letter sent - Denial		Uphold Denial to affy	02	
			01	

Claim Comments List

* MARCH 1875 *

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5/10/2015

<input type="checkbox"/> 03/11/2015	Life Claim Response Sent	BROWN, REBECCA A.	Follow Up Life Inquiry	When the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter. I am showing its LCI is in your ?My work? and that you opened the task on 3/10/2015 and you made a note in the note tab Please advise Thanks Becky	02	03/16/2015	BROWN, REBECCA A.
<input type="checkbox"/> 03/11/2015	Life Claim Response Received	BROWN, REBECCA A.	No Action	Good Afternoon I do not show any outstanding LCIs, and I have answered this question in the past. There are no other bene forms with MetLife or with SVA. Thanks Larry D. McGuire	01		
<input type="checkbox"/> 03/10/2015	In coming call on a claim	Gonzales, Barbara	No Action ATTY	YES WE DID REC'D DOCS, SENT RESPONSE TO MANDY EX-spouse			
<input type="checkbox"/> 03/10/2015	Life Claim Response Sent	BROWN, REBECCA A.	Follow Up Phone Call	Follow-up email sent to Larry McGuire for a status update.	Low		
						01	03/11/2015

Claim Comments List

** TO VIEW MORE DATA - SELECT MORE**

Insured Name:	TRACY CRAWFORD		Claim Number:	21412010327	
Insured SSN:	465139959		Customer Name:	SOUTHWEST AIRLINES	
Employee ID:	00455139969		Dependent Name:		
M&A Number:			Team Code:	A	
Special Handling Required? YES					
Claim Number:	21412010327		Activity Date:	02/18/2015	
Claim Alert	JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE #2 HOTVIEW		Sequence Number:	3	
<input type="checkbox"/> Complex Claim <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Divorce (final) (CR) <input checked="" type="checkbox"/> Review <input type="checkbox"/> Refresh					
Activity Date	Activity	Created By	Call-Up Date	Contact History	Comments_Review
<input type="checkbox"/> 03/05/2015	Life Claim Inquiry	BROWN, REBECCA A.	Follow Up Life Claim Inquiry		Email sent to Laru McGuire, HI Larry. Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40842. We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPW dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employee regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent. Please advise. As we have an appeal, we need an answer so we can continue with the appeal review Thanks Becky
<input type="checkbox"/> 03/05/2015	Email sent on a claim	BRENNAN, AMY L.	Further Review Needed	ESCALATING TO MAILBOX AS THERE IS NO RESPONSE FROM LARRY/ADMIN	Low
<input type="checkbox"/> 03/02/2015	Letter Sent	BRENNAN, AMY L.	Follow Up Letter	Request for missing documents from GUARDIAN OF COOPER BURNETT Death Certificate Insured, Claimant Statement Auto TOA	Low
<input type="checkbox"/> 02/28/2015	Letter Sent	SYSTEM	No Action	BGP01 letter sent to GUARDIAN OF COOPER BURNETT LETTER SENT TO:CO DENNIS SLATE ATTORNEY AT LAW-112 E FORREST DEER PARK TX US 77536	Beneficiary 01

BROWN, BROWN,
REBECCA A.
01 03/05/2015 REBECCA A.

BROWN, BROWN,
EILEEN M.
01 03/24/2015 EILEEN M.

BRENNAN,
BRENNAN,

<input type="checkbox"/>	02/27/2015	Claim Inquiry	AMY L.	Review Needed	STATUS TO ADMIN/LARRY MC GUIRE	Low	03	03/05/2015	AMY L.
<input type="checkbox"/>	02/27/2015	Reverse Decision	CASEY, PATIA.	No Action	No awaiting additional info.	Low	02		
<input type="checkbox"/>	02/27/2015	Mail Received	Cardinale, Craig	Further Review Needed	RECEIVED DIVORCE DOCS ON 02/26/2015	Low	01	02/27/2015	BRENNAN, AMY L..
<input type="checkbox"/>	02/25/2015	Letter Sent	ONLY, BATCH	Approver Review	Request for missing documents from COOPER T BURNETT Death Certificate Insured, Claimant Statement Auto TCA	Low	01	02/27/2015	BRENNAN, AMY L..
<input type="checkbox"/>	02/24/2015	Letter Sent	SYSTEM	No Action	BGP#02 letter sent to COOPER T BURNETT LETTER SENT TO:10243 CATELT LN GIO MANDY BURNETT LA PORTE TX US 77571 LG TO ADMIN LARRY MC GUIRE/NICHOLAS MELILLO ASKING IF THE BENE FORM HERE THAT I HAVE ATTACHED DATED 04/20/06 WAS EVER REVOKED DUE TO ONLINE BENES. IF SO, WE NEED THE COMMUNICATION TO THE EMPLOYEES W DATES ETC.	Low	01	02/27/2016	BRENNAN, AMY L..
<input type="checkbox"/>	02/20/2015	Life Claim Inquiry	BRENNAN, AMY L.	Further Review Needed	PER APPEALS WE NEED TO CONFIRM WITH ADMIN THAT THE PREVIOUS DESIGNATIONS WEREN'T REVOKED. ONCE THEY CONFIRM THAT, THEN WE ARE GOING TO UPHOLD THE DENIAL TO THE SPOUSE. AS THE ESTATE IS ALSO MAKING A CLAIM, ONCE ADMIN CONFIRMS THAT PRIOR DESIGNATIONS WEREN'T REVOKED, THEN WE CAN ALSO DRAFT A DENIAL LETTER TO THE ESTATE AND GIVE APPEAL RIGHTS.	Low	02	02/20/2016	BRENNAN, AMY L..
<input type="checkbox"/>	02/19/2015	Returned to Claim Examiner	Rose, Charles	Further Review Needed	DISCUSSED IN APPEALS. PER APPEALS, PLEASE CONFIRM WITH ADMIN THAT PREVIOUS DESIGNATIONS WERE NOT REVOKED ONCE METLIFE TOOK OVER AS RR. IF ADMIN CONFIRMS THEN PER APPEALS WE WILL UPHOLD THE DENIAL. 2/18 DUPE ATTY LETTER RECD AND ARCHIVED.	Low	02	02/20/2016	BRENNAN, AMY L..
<input type="checkbox"/>	02/18/2015	Appeal Received	Rose, Charles	No Action		Low	01		
<input type="checkbox"/>	02/18/2015	Mail Received	FLEMING, KAY D.	No Action		Low	04		

Claim Comments List

Claim Comments List

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APP.109

Claim Comments List**** TO VIEW MORE DATA - SELECT MORE****

Insured Name: TRACY CRAWFORD

Insured SSN: Redacted

Employee ID: 00455139959

M&A Number:

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 01/12/2015

Claim Alert JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE

Complex Claim Yes No

Divorce (rival) (CR)

 Refresh

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_Contact_History_Comments_Review	Prtv	Contact Name
<input type="checkbox"/> 01/22/2015	Referral to Senior	BRONSON, EILEEN M.		Senior Review	to review rival by spouse		Low
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to southfield re April. The Employee is Tracy Crawford. The beneficiary form you have attached is cutting off the names of the beneficiaries and the name of the insured, however, this form does not look like it's the correct beneficiary form. The attached form is for insured XXXXX Phillips not Tracy Crawford. Can you please double check the form and verify this is for my employee.		Low
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to april for the bene form to be attached to the email as not in dit		Low
<input type="checkbox"/> 01/21/2015	Email Received	BRONSON, EILEEN M.		No Action	from southfield re Hi Eileen, I have just uploaded the beneficiary form to you. We rec'd this form from the customer Southwest Airlines Thank you, April Fitzgerald Group Insurance Administrator US Life Claims Operations 25330 Telegraph Rd., Suite 440 Southfield, MI		

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48033 | (Office: 1-248-603-8040)|
 afitzgerald@metlife.com

<input type="checkbox"/> <u>01/20/2015</u>	E mail sent on a claim	BRONSON, EILEEN M.	Follow Up email	to southfield april fitzgerald re April, The system indicates you are the contact in Southfield for this claim. We have a rival on this claim and there are questions regarding the beneficiary form on file for this claim. Can you please send me the beneficiary designation form on file for this claim? We need the most recent beneficiary form and also any designation forms on file that may name a Jayson Crawford spouse as the beneficiary.	Low
<input type="checkbox"/> <u>01/16/2015</u>	In coming call on a claim	Murinka, Kathleen	No Action	REQUESTED FAX NUMBER TO SEND LETTER OF REP EXPLAINED TAT FOR FAXES	MICHAEL YOUNG
<input type="checkbox"/> <u>01/15/2015</u>	Returned to Claim Examiner	Spaven, Annemarie	Further Review Needed	TO Eileen to reach to Southfield for designation.	Low
<input type="checkbox"/> <u>01/15/2015</u>	E mail sent on a claim	BRONSON, EILEEN M.	Follow Up email	to ul a spave as a rush as no response from admin	Low
<input type="checkbox"/> <u>01/14/2015</u>	In coming call on a claim	May, Michael	No Action	CALLER STATED THAT HE AND HIS WIFE REDID HER BFD IN OCT OF 2012 AND NAMED HIM AS THE SOLE, PRIMARY BENE. CALLER IS AWARE THAT SOMEONE ELSE IS NAMED BC THE ONLY INFO THE ER HAD WAS AN OLD PAPER DOC THAT WAS DONE BEFORE 2012. CALLER IS LOOKING TO TAKE LEGAL ACTION IF THE BFD DECISION IS UPHELD AND NO ELECTRONIC BFD DATA CAN BE FOUND. HE WILL FOLLOW UP WITH US ON FRIDAY AFTERNOON TO SEE IF THERE'S BEEN ANY PROGRESS.	JAYSON CRAWFORD
<input type="checkbox"/> <u>01/13/2015</u>	In coming call on a claim	James, Jonathan	No Action	Caller is parent of a minor bene, asking if custodial guardianship will suffice, adv it does not and will require guardianship over property.	MANDY
<input type="checkbox"/> <u>01/13/2015</u>	Life Claim Inquiry	BRONSON, EILEEN M.	Follow Up Life	last attempt to get docs from larry prior to escalation to ul	Low

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		Claim Inquiry			
<input type="checkbox"/>	<u>01/13/2015</u> In coming call on a claim	Di Filippo, Heather	No Action	she is minor bene cooper's mother, explained minor on dep act/guardianship docs. she understands and is working on compelling docs	MANDY
<input type="checkbox"/>	<u>01/13/2015</u>	Di Filippo, Heather	No Action		

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Claim Comments List

** END OF LIST **

Insured Name: TRACY CRAWFORD
Insured SSN: Redacted
Employee ID: 00455139959
M&A Number:

Special Handling Required?: YES

Claim Number: <input type="text" value="21412010327"/>		Activity Date: <input type="text" value="01/12/2015"/>	
Claim Alert <input type="text" value="JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92"/>			
Complex Claim <input checked="" type="radio"/> Yes <input type="radio"/> No		Divorce (rival) (CR) <input type="button" value="Refresh"/>	
Activity Date	Activity	Created By	Call-Up Date
<input type="checkbox"/> 01/12/2015	In coming call on a claim	Mezza, Dante	Call-Up Action
			No Action
			ADV THAT WE HAVE RCV'D THE LETTER AND IT IS BEING REVIEWED, GAVE TAT.
			JASON
<input type="checkbox"/> 01/08/2015	Life Claim Inquiry	BRONSON, EILEEN M.	Follow Up Life Claim Inquiry
			to larry for the bene form and to confirm no bene that names the spouse
			Low
<input type="checkbox"/> 01/08/2015	Correspondence Received	Mender, Beverly	No Action
			RECD LETTER FROM HUSBAND JAYSON INDICATING THAT HE SHOULD BE DESIGNATED BENEFICIARY AND DESIGNATION WAS CHANGED. PER METLINK SUBMISSION , IT LISTS A MINOR CHILD- COMPLEX FOR REVIEW
<input type="checkbox"/> 01/08/2015	Death Certificate Is Required	Singh, Narendra	Approver Review
			High
<input type="checkbox"/> 01/07/2015	Mail Received	Singh, Narendra	Further Review Needed
			RCVD OTHR DOC ON 01/06/2015.
<input type="checkbox"/> 01/06/2015	Email Received	Spaven, Annemarie	No Action
			From: McGuire, Larry Sent: Tuesday, January 06, 2015 2:20 PM To: Spaven, Annemarie

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				Subject: FW: Tracy Crawford xxx-xx-9959 Anniemané, The husband is faxing in a letter to dispute the bene we show for this case. Thanks Larry D. McGuire National Accounts South Customer Unit
<input type="checkbox"/>	<u>01/06/2015</u>	In coming call on a claim Claimant Statement	Swinton, Colleen	Send Letter stated that he is rivaling claim - provided fax # to submit to us
<input type="checkbox"/>	<u>12/24/2014</u>	Received Date Is Blank For Beneficiary	Webserver id, MetLink	Approver Review

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